N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34017

File No.

Registered No. 299

NOV 6 1930

1. PLACE OF DEATH
County St. Louis
Township Central
City Overland (No. ..... St. ..... Ward)
Registration District No. 789
Primary Registration District No. 603318

2. FULL NAME Charles Mueller
(a) Residence. No. Mt. Pleasant Sub. St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Marie Mueller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-25-1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	4	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired-Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Grocer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Co.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Karl Mueller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT Chas. A. Mueller
(Address) Overland #4 Mo.

15. FILED 10/23, 1930 Geo. Gray, M. D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-20-1930

17.
I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1928 to Oct. 20, 1930, that I last saw h[illegible] alive on Oct. 20, 1930, and that death occurred, on the date stated above, at 7:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
..... (duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (SECONDARY) Chronic Myocarditis
Chronic Nephritis (duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) H. E. Goforth, M. D.
10-22, 1930 (Address) Pattonville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Ev. St. Louis Cem.	10/23/1930
20. UNDERTAKER	ADDRESS
Baumann Bros.	Overland, Mo.